

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OI PRODUCTIONS	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Feb	22, 2010 Ending Date: April 2,2010
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	⊠ 30 day after election
L	
Candidate Full Name (if applicable)	The Ulfelder Committee Committee Name
	-
Selectman-Town of Wellesley Office Sought and District	Name of Committee Treasurer
22 Sagamore Rd. Wellesley, MA 02481	22 Sagamore Rd. Wellesley, MA 02481
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALAN	ICE INFORMATION:
Line 1: Ending Balance from previous report	138.78
Line 2: Total receipts this period (page 3, line 1	1) 1888.34
Line 3: Subtotal (line 1 plus line 2)	2027.12
Line 4: Total expenditures this period (page 5, l	line 14)
Line 5: Ending Balance (line 3 minus line 4)	2010 PR
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7	7) DO HOLD
Line 8: Name of bank(s) used: Citizen's Bank	11: 5: 12:482 24:82
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the b activity, including all contributions, loans, receipts, expenditures, disbursements, in-kir finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury:	
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	hav anly)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions,
	the best of my knowledge and belief, a true and complete statement of all campaign ents, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 4-2-10

Schedule A: Receipts

The Ulfelder Committee Receipts Feb. 23-April 2, 2010

Date	Last Name	First Name	Street Address	City/ Town	Amount	Employer/ Occupa	ition
2/23 2/23 2/23					\$50 \$50 \$50		
2/23 2/23 2/23					\$50 \$25 \$25		
2/23 2/25					\$25 \$50		
2/25 2/25 2/25					\$50 \$50 \$50		
2/25 2/26 2/27					\$50 \$50 \$30		
2/27 2/27					\$25 \$50		
3/1 3/1 3/1					\$50 \$50 \$25		
3/1 3/1					\$50 \$50 \$50		
3/1 3/2	Ulfelder	Thomas	22 Sagamore Rd	Wellesley			Loan
				Over \$50 \$50 & Less Total	\$138.78 \$933.34 \$955 \$2,027.12		

WELLESLEY HA 02482

Schedule B: Expenditures

The Ulfelder Committee Expenses Feb. 23-April 2, 2010

Date 2/23/10 Name/ Business

Street Address

City/Town/State

Purpose

Newspaper Ad

Amount \$1,885.27

\$141.85

Community Newspaper 2/23/10

Richard Advertising

35 Tenean St.

Dorchester, MA 02122

Total \$2,027.12

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

ase itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received From Whom Received*		Residential Address	Description of Contribution	Value	
a *					
	1				
				,	
		*	2010 AP	TOWN CL REC	
			II A	NED RKSOF	
				LOE A82	
	·				
	,				
				19	
		Line 15: In-Kind Contributions over \$50 (or listed above)			
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line $6 \rightarrow$	→ Line 17: TOTAL IN-KIND CONTRIBUTIONS			

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount	
				,	
			2010 A	TOWN C	
			PR IH A	CEIVE ENKS OFIVE	
	,		11:53	FFICE 02482	
7,					
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0	